

shopping on healthcare.gov and get some tax credit help to help afford coverage.

Here is what happened to Kathy in December. She had heart pains. She thought she was having a heart attack. She went to the emergency room of one of our great local hospitals. Thank goodness, she did not have a heart attack.

Kathy almost had a heart attack, however, when she got the hospital bill later. The hospital bill was \$70,000. That would bankrupt her. Fortunately, she had coverage through the Affordable Care Act at healthcare.gov, and ultimately what she paid on that hospital bill was only \$179.

This story is repeated over and over again, and I simply do not understand why my Republican colleagues think it is wise to make coverage unaffordable and increase cost on all Americans.

Mr. Speaker, the other part of this bill that is kind of flying under the radar, but is quite insidious and rather unconscionable is the hatchet it takes to the 50-year guarantee that is provided to Americans under Medicaid.

Medicaid serves our neighbors with Alzheimer's. It pays about two-thirds of the cost of long-term care and skilled nursing, the cost of care for the disabled, many children, many pregnant women. It has been the law for about 50 years to ensure that, in the United States of America, if you have a child born with a complex medical condition or you have a parent or grandparent that has to go into a nursing home, that your family is not going to be impoverished. That is a valued decision we made 50 years ago.

In this bill, the Republican leadership intends to go back on our values and pull the rug out from under our families who rely on Medicaid services. They say: Oh, the States will be able to do this. The States will have all the flexibility in the world.

Well, flexibility is a canard for they are going to have less, and we are going to ration care.

Mr. Speaker, I urge my Republican colleagues to pull this bill, to build on affordable coverage, to build on the cost savings that we have made and the progress we have made for these families.

□ 1100

HEALTH CARE OUGHT TO BE A RIGHT AND NOT A PRIVILEGE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. DANNY K. DAVIS) for 5 minutes.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, let me thank you for giving me the opportunity to once again express my opposition to the repeal-and-replace healthcare bill before us.

You know, it is my position that health care ought to be a right and not a privilege, especially in a country where we have the skill, the knowledge, and the technology to provide it.

Medicare and Medicaid opened up new opportunities for health care for seniors and large numbers of low-income, poor people in this country in the mid-1960s. As a matter of fact, before Medicaid and Medicare, some of them had never ever been able to acquire any professional medical help. As a matter of fact, they lived off remedies and concoctions and things that they had learned how to put together.

Now we come along with some help—Medicare, Medicaid—and the next big move was the Affordable Care Act, which was a long time coming, but it helped us move to the point where more than 20 million people were able to get health insurance who had never had it before, whose only outlet was to go to the emergency room of public hospitals and oftentimes sit sometimes for 2 or 3 days before they got service, before they got attention.

Now, here we come with something talking about repealing it, taking it away. How could we possibly want to go backwards, back to where millions of people are wondering every day whether or not they are going to be able to go to the doctor and get serviced if they are sick?

And so I say to my colleagues, especially those who have never had the experience of knowing hundreds of people with no care like I have, let's say: No, no, no. Forward ever, backwards never.

DON'T WALK THE PLANK

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Illinois (Ms. SCHAKOWSKY) for 5 minutes.

Ms. SCHAKOWSKY. Mr. Speaker, it was 7 years ago today that the Affordable Care Act passed and changed the lives of so many millions of Americans who previously couldn't get health care. But I think we knew even at the time that a big bill like this, a transformative piece of legislation like this, over time would require some changes, just as Social Security and Medicare have done.

The truth of the matter is, for 7 years, as we heard Republicans complaining about what was happening, we said: Let's sit down together, as Members of Congress, representatives of the people, and fix what we have got and build on the things that have made it possible for all these millions of people to have not only health care, but better health care.

Instead, what we heard over and over again is: Repeal ObamaCare; repeal ObamaCare. And I kind of feel like today what we have is, because they said that, then they feel like they have to fulfill a promise. But if you look at what they are offering, it really hurts so many Americans.

What I hope the American people will understand is that the so-called repeal-and-replace bill raises the cost of premiums and out-of-pocket costs. People are going to pay more and get less.

Twenty-four million people—that is just a start; it ends up being some 50

million people after some years—will lose their coverage altogether.

It represents the single largest transfer of wealth to the top richest Americans and corporations. We are talking about \$600 billion in tax relief. There is not a lot of talk about that. In many ways, this is a tax cut for the richest being masked as a healthcare bill.

Finally, I want to really focus in on what we call the age tax. Well, before I was a senior citizen myself, I have worked with older Americans in the State of Illinois, where I am from, and here in Congress as well.

So what is this age tax? This bill says that people who are between the age of 50—not very old—and 64, in other words, pre-Medicare, will be allowed to be charged five times more than young people for their health care. Actually, it allows the States even to go more than five times more for their health care. It will lower the subsidies.

As has been said many times, here is just an example. If you are 64 years old with an income of around \$26,500—which, by the way, is the median income for people that age, certainly not a wealthy person—you would pay, under this bill, the Republican bill, \$14,600 for premiums—think of that—as compared to \$1,700 today, an increase of \$12,900. So it is not surprising that the Congressional Budget Office predicts that many of those people will simply have to give up their health care.

The reason they want to charge them more is to entice younger people, who will then pay lower premiums, to actually get on the program. We are all for that. We want to make sure that young people get on. But people who are 50 to 64 are very likely, or more likely than young people, to have healthcare issues.

It is absolutely no wonder that so many organizations and forces are lining up in the United States to oppose this bill:

The American Medical Association, the doctors, and all the different subgroups of doctors, have written letters saying no to this repeal-and-replace.

The American Hospital Association, not only urban hospitals and hospitals in medically underserved areas, rural hospitals could go under.

The AARP, 35 million members strong, is absolutely dead set—they are running ads; some people may have seen them on television—against this legislation.

The American Nurses Association, conservative think tanks are against it, and many Members of Congress are against it—and for good reason. One of our Republican Senators said to House Republicans: Don't walk the plank.

I would suggest they take that advice and vote “no.”

KEEPING PROMISES

The SPEAKER pro tempore. The Chair recognizes the gentleman from Florida (Mr. GAETZ) for 5 minutes.